

OFFICIAL DOCUMENT

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Coroner's Report

Napa County Sheriff – Coroner Forensic Science Center
1535 Airport Blvd. Napa, CA 94558
(707) 253-4256

SIGNATURE: *[Signature]*DATE: 9/4/19

CLASSIFICATION SUICIDE		CORONER NUMBER C14-209		CASE NUMBER (Dispatch)		
DATE REPORTED 04/13/2014		TIME 2054	RECEIVED BY DISPATCH		DEPUTY ASSIGNED JONES, JAY	
REPORTED BY: NAPA CITY/COUNTY DISPATCH LAST NAME FIRST NAME MIDDLE			ADDRESS 1539 FIRST ST NAPA, CA 94558		PHONE (707)253-4451	
DECEDENT PERSONAL DATA	FIRST NAME MICHAEL		MIDDLE CRAIG	LAST NAME RUPPERT		
	LAST USUAL ADDRESS 1128 TUBBS LANE CALISTOGA, CA					
	PHONE					
	RACE WHITE	SEX M	HEIGHT 5'10"	WEIGHT 190	HAIR GRAY	EYES BLUE
	AGE 63	DOB 02/03/1951	SSN [REDACTED]	DRIVER LIC. NO. [REDACTED]	STATE CA	CITIZENSHIP US
	MARITAL STATUS SINGLE	OCCUPATION WRITER	EMPLOYER FREE-LANCE			
DEATH LOCATION	STREET ADDRESS OR LOCATION 1128 TUBBS LANE		CITY OR TOWN CALISTOGA		DATE OF DEATH 04/13/2014	
TIME OF DEATH 2105						
LAST SEEN ALIVE	LAST SEEN ALIVE BY JACK E. MARTIN		DATE 04/13/2014	TIME 1500	LAST SEEN ALIVE WHERE AT HOME	
CAUSE	CAUSE OF DEATH PERFORATING CONTACT GUNSHOT WOUND OF HEAD //					
INJURY	TIME AND DATE OF INJURY 2049 04/13/2014		DESCRIBE HOW INJURY OCCURRED GUNSHOT/ HEAD//			
	INJURY OCCURRED (Work or Non-Work)					
	PLACE OF INJURY 1128 TUBBS LANE		CITY OR LOCATION CALISTOGA		COUNTY NAPA	
STATE CA						
VEHICLE	YEAR	MAKE	MODEL	LICENSE NO.	KEYS	
LOCATION OF VEHICLE						
RESIDENCE	RESIDENCE – PROPERTY STATUS			KEYS	RESIDENCE RELEASED BY:	
PROPERTY	LOCATION	DISPOSITION (SEE PROPERTY SHEET FOR DETAILED INFO)				
CLOTHING WORN	DETAILED DESCRIPTION OF CLOTHING WORN GREY SHORT SLEEVE POLO SHIRT, BROWN T-SHIRT, GREY UNDERWEAR, BLUE JEANS, BROWN BELT, GREY SOCKS, BROWN HIKING BOOTS.					
IDENTIFICA- TION	REMAINS IDENTIFIED HOW OR HOW IDENTIFIED LAND OWNER/FRIEND/EXECUTOR JACK ELIOT MARTIN					
PHOTOGRAPHS	PHOTOGRAPHS AT SCENE BY: JONES, JAY			PHOTOGRAPHS AT MORGUE: JONES, JAY		
REPORTABLE SUMMARY						
DISPOSITION of REMAINS	REMOVED BY: CORONER'S FACILITY		REMOVED TO: CORONER'S FACILITY		FAMILY MORTUARY PREFERENCE NAPA VALLEY MEMORIAL	
AUTOPSY INFORMATION	PATHOLOGIST: JOSEPH I. COHEN		DATE NOTIFIED	TIME NOTIFIED	DEATH CERTIFICATE SIGNED	
RELATIVES EXECUTOR	NAME MARTIN, JACK		ADDRESS [REDACTED]		PHONE [REDACTED]	
RELATIVE NOTIFICATION	WHO WAS NOTIFIED OF DEATH: MARTIN, JACK		RELATIONSHIP EXECUTOR	DATE NOTIFIED 04/13/2014	TIME NOTIFIED 2105	
	NOTIFIED BY: MACDONALD, WILLIAM		HOW WERE THEY NOTIFIED IN PERSON			

Coroner's Report

Narrative

Napa County Sheriff – Coroner Forensic Science Center
1535 Airport Blvd. Napa, CA 94558
(707) 253-4256

SIGNATURE: [Signature]
DATE: 9/14/19

Case Reference

Deceased	Deputy Assigned	Coroner Number	Case Number	Date and Time of Report
First Middle Last MICHAEL CRAIG RUPPERT	JONES, JAY	C14-209		On 04/14/2014 @ 13:46

Investigation

Investigation:

On 04/13/2014 at approximately 2115 hours, I was contacted at home by Sgt. Chris Perry in regards to a shooting in the Calistoga area. Sgt. Perry stated it was a probable suicide. I responded and arrived at approximately 2215 hours. When I arrived I spoke with Deputy William MacDonald, who was dispatched to the Coroner's case from patrol. Deputy MacDonald arrived with the Fire Department staging waiting for the scene to be declared safe. He approached the Decedent Identified as Michael Craig Ruppert and declared Death at approximately 2105 hours. Deputy MacDonald canceled Fire and medical from coming into the scene. He said the decedent had no pulse; his eyes were fixed and dilated. The decedent had a large gunshot wound to his head entering one side and exiting the opposite side. Deputy Macdonald stated he did not have any Rigor Mortis and was cool to the touch in the chest area.

Deputy MacDonald stated the decedent had left a note to the land owner Jack Martin to get the Sheriff and come down to his mobile home area. The decedent instructed him to not come down without the Sheriff with him. Jack Martin owns the land and the homes on the property at 1128 Tubbs Lane Calistoga, Ca. where the decedent was living in the mobile home.

The property at 1128 Tubbs Lane is on the south side of the street. There is a single family dwelling on the property and the entrance of the driveway. This home is where Jack Martin's Son in-law lives with his Daughter. A driveway extends from Tubbs Lane along the west edge of the property running south to the back property. This back area has two mobile homes positioned end to end along the west edge of the property line. Approximately 125 yards from the roadway. There are several towable travel trailers sitting in this back area along the north perimeter. There is a large metal pole barn sitting just to the east of the mobile homes and south. There is a metal shipping container, which is approximately 20 feet in length sitting on the northeast outer corner of the barn.

The driveway opens up in this area with all these items sitting along the edge perimeter of this open driveway area. This area is big enough to fit several vehicles or equipment in it. The decedent lives in the back mobile home, which Jack Martin owns. The two have been good friends for some time. The decedent's car with his dog "Rags" was parked in front of the Barn and just east of the mobile home he stayed in.

The decedent was located lying on the ground approximately 53 feet north of the shipping container. I found an expended .45 caliber round on the ground approximately 16 feet from the decedent left foot. I collected the expended round and booked in to the Coroner's Office evidence. There was a Glock, semi-automatic, .45 caliber pistol with magazine inserted lying on the ground next to the decedent's left foot. I observed blood and flesh on and in the end of the barrel. This is referred to as "blow back" from the closeness or contact of the gunshot. There was also blood and flesh splattered on the outside areas of the gun. This is consistent with a contact or close range gunshot to the head. The weapon was cleared of one live hollow point round in the chamber and an empty 10 round magazine was removed from the gun. These were booked into the Coroner's Weapons Locker for safekeeping and potential evidence.

Observations of the decedent was at approximately 2245 hours and the outside temperature was approximately 52 to 54 degrees:

The decedent was lying on his back with his head in generally a northerly direction and his feet were straight out from his body lying flat in a general southerly direction. The decedent left arm was down to his side with his

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SIGNATURE: DATE: 9/4/19

Case Reference

Deceased	Deputy Assigned	Coroner Number	Case Number	Date and Time of Report
First Middle Last MICHAEL CRAIG RUPPERT	JONES, JAY	C14-209		On 04/14/2014 @ 13:46

fingers, and thumb under his left buttock area. His right arm was extended straight out from his body level with his shoulder socket with his hand in a loosely formed fist position. His head was slightly turned to the right of midline center. The decedent had a large pooling of blood under his head and around the top of his shoulders as well. This was a very bright deep red color appearing to have not been exposed to the air for long period. The decedent had blood coming from both nostrils, which was mostly dried during my observations. The decedent's right eye appeared to be extremely bloodshot red. The decedent was cool to the touch. He was only in the first stages of Rigor Mortis appearing in the jaw/neck area. Both his eyes were open, but the right more than the left.

I observed a large wound on the decedent right side temple region of his head. This appeared to be approximately 2 to 3 inches above and slightly forward of the top of his right ear. There was a large amount of brain matter protruding out of this wound. The skin around the wound appeared to have stippling from the pressure, and powder burns from a possible contact gunshot. There was a wound on the opposite side of his head with a large amount of bone and brain matter protruding out of this wound. This was above his left ear approximately 3 inches above the top. These will need a closer examination to determine exactly which is entry and exit however. The decedent had a large bird feather protruding from the back of his head sticking out approximately 6 to 8 inches to his right side. The decedent had blood splatter on his right arm, hand and areas of the front of his polo shirt as well as his pants and tops of his shoes.

The decedent left a document out in his mobile home titled "Emergency Notification and Last Will and Testament". This had the decedent name, date of birth, social security number and address on the front. This gave detailed instructions on Jack Martin being his executor of his estate along with who to notify etc. He also had two letters out. I would classify these as Suicide Notes. The first was to Jack stating he was sorry, but it could not be helped. "There is no more time". Then gave him instructions on what to do with property. Another letter was addressed to Jesse Re his girlfriend. This also was a letter with apologies and how he felt about her. He stated, "I did not decide until today". "I did not know until today". He also gives property away to her son in this letter. Copies of these documents were made and are included in this file. The originals were released back to Jack Martin, his friend and Executor.

Next of Kin Search:

I took the information off of the decedent's will and attempted to contact his First Cousin Sherry Colliton by telephone first. Both phone numbers listed by the decedent did not work. I also sent an e-mail to all three e-mail addresses that were listed and I have not heard back from her. I did a computer search for any relatives and have not found any at this time. He stated he does not have a wife or any children in his will.

Prior Health

It is not know if he has any other medical issues. The decedent has lived between Colorado and California off and on it is reported.

Witnesses

Jack Eliot Martin,

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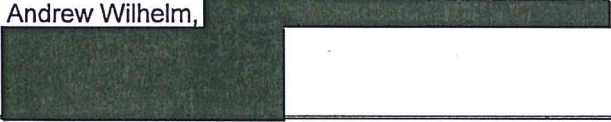
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Narrative

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Case Reference				
<u>Deceased</u> First Middle Last MICHAEL CRAIG RUPPERT	<u>Deputy Assigned</u> JONES, JAY	<u>Coroner Number</u> C14-209	<u>Case Number</u>	<u>Date and Time of Report</u> On 04/14/2014 @ 13:46
Andrew Wilhelm, 				
Evidence				
Digital photographs, Glock Semi-Auto .45 Caliber pistol with 10 round magazine, one expended .45 caliber round and one live hollow point .45 caliber round. An X-Ray of the decedent's head was taken for review.				
Property				
All property with the exception of the gun and ammo magazine were released to Jack Martin.				
Follow Up				
An Autopsy will be conducted to determine the cause of death and injuries.				

Coroner's Report

Supplement Narrative

Napa County Sheriff – Coroner Forensic Science Center

1535 Airport Blvd. Napa, CA 94558

(707) 253-4256

SIGNATURE: [Signature]DATE: 9/4/19

Case Reference				
<u>Deceased</u> First Middle Last MICHAEL CRAIG RUPPERT	<u>Deputy Assigned</u> Jay R. Jones #112	<u>Coroner Number</u> C14-209	<u>Case Number</u>	<u>Date and Time of Report</u> On 04/16/2014 @ 08:56
Investigation				
<p>On 04/15/2014 at approximately 1400 hours the Decedent's first cousin, Sherry Colliton telephoned our office stating she had been notified of her Cousin, Michael's death by Jack Martin on 04/15/2014. The suicide did not surprise her, she made a spontaneous statement in summary of, He has been planning this for a long time. She asked if she needed to do anything regarding her cousin's body disposition or estate. I told her Jack Martin was named as the executor, but he may need some support or help in the matters. She stated she would call him.</p> <p>First Cousin: Sherry Colliton</p> <div style="background-color: black; width: 380px; height: 60px; margin-top: 5px;"></div>				
Prior Health				
N/A				
Witnesses				
N/A				
Evidence				
N/A				
Property				
N/A				
Follow Up				
This supplemental report will be added to the original.				



Napa County Sheriff-Coroner

Summary Pathology Report

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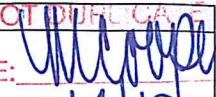
SIGNATURE: [Signature]DATE: 4/14/14

Decedent's Name (Last, First, Middle)		Sex	Coroner Report Number
Ruppert, Michael Craig		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	C14-209
Identification of Decedent			
<input type="checkbox"/> Next of Kin / Relative <input type="checkbox"/> Friend / Neighbor <input type="checkbox"/> I.D. Card / License <input type="checkbox"/> Fingerprints <input type="checkbox"/> Dental <input type="checkbox"/> DNA <input type="checkbox"/> Identification Pending			
Pathologist		Type of Examination	
Joseph I. Cohen, MD		<input type="checkbox"/> Autopsy <input checked="" type="checkbox"/> External Exam	
Pathologist Assistant		Date of Death	Date of Examination
Alex Torres		04-13-2014	04-15-2014
		Time of Examination	
		Coroner Investigator	
		Jay Jones	

Manner of Death					
<input type="checkbox"/> Natural	<input type="checkbox"/> Accident	<input type="checkbox"/> Homicide	<input checked="" type="checkbox"/> Suicide	<input type="checkbox"/> Undetermined	<input type="checkbox"/> Pending
<input type="checkbox"/> Toxicology <input type="checkbox"/> Histology <input type="checkbox"/> Medical Records <input type="checkbox"/> Further Investigation					

External Examination

General Appearance	
<input checked="" type="checkbox"/> Well Nourished <input type="checkbox"/> Undernourished <input type="checkbox"/> Malnourished Overweight: <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Marked	
Comments:	
Appearance: <input checked="" type="checkbox"/> Consistent with Age <input type="checkbox"/> Younger Than Stated Age <input type="checkbox"/> Older Than Stated Age <input checked="" type="checkbox"/> Mustache <input type="checkbox"/> Beard Body: <input checked="" type="checkbox"/> Not Embalmed <input checked="" type="checkbox"/> Well Preserved <input type="checkbox"/> Decomposition	
Comments:	
Clothing	
Two shirts, denim pants/belt, Hanes underwear, shoes and socks	
Therapeutic Procedures	
<input checked="" type="checkbox"/> None <input type="checkbox"/> Heart Monitor/Defibrillator pads Tubing: <input type="checkbox"/> Endotracheal <input type="checkbox"/> Nasogastric <input type="checkbox"/> Orogastric	
Catheter(s): <input type="checkbox"/> Intraosseous <input type="checkbox"/> Intravascular <input type="checkbox"/> Urinary <input type="checkbox"/> Other:	
Rigor Mortis	Livor Mortis
<input type="checkbox"/> Slight <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Marked Comments:	<input type="checkbox"/> Anterior <input checked="" type="checkbox"/> Posterior <input checked="" type="checkbox"/> Slight <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Blanching <input type="checkbox"/> Fixed Comments:
Scalp	Eyes
<input type="checkbox"/> Unremarkable <input checked="" type="checkbox"/> Injury: Gunshot wound, see summary Comments:	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Petechiae <input type="checkbox"/> Jaundice <input type="checkbox"/> Hemorrhage Comments: Periorbital ecchymosis, right
Oral Cavity	Condition of Teeth
<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Petechiae <input type="checkbox"/> Injury: Comments:	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Edentulous: <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> Dentures Comments:
Nose	Ears
<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury:	<input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Blood in ear canal (left)

Neck <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Symmetrical Comments:		Chest <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments:		DO NOT DUPLICATE SIGNATURE:  DATE: 9/4/19
Abdomen <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments:		Genitalia <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Circumcised <input type="checkbox"/> Non-circumcised Comments:		
Scars <input checked="" type="checkbox"/> None <input type="checkbox"/> Wrist(s) <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Other: Comments:		Tattoo(s) Not apparent		
Upper Extremities / Hands <input type="checkbox"/> Unremarkable <input type="checkbox"/> Needle Tracks <input type="checkbox"/> Edema <input type="checkbox"/> Injury: Hands: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments: Blood on right forearm/hand				
Lower Extremities / Feet <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Needle Tracks <input type="checkbox"/> Edema <input type="checkbox"/> Toe Tag <input type="checkbox"/> Injury: Feet: <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments:				
Posterior (Back / Neck / Buttocks) <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments:		Perianal <input checked="" type="checkbox"/> Unremarkable <input type="checkbox"/> Injury: Comments:		

External Examination Only

Summary:

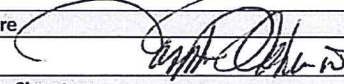

SIGNATURE: DATE: 9/4/19

- I. Perforating contact gunshot wound of head, with:
- A. Entrance wound, right temporal.
 - B. Exit wound, left temporal.
 - C. Rim of soot deposition, entrance wound.
 - D. Marginal tears, entrance wound.
 - E. Periorbital ecchymosis, right eye.
 - F. Perforations of brain and skull.
 - G. Skull fractures, multiple.
 - H. Projectile direction of travel:
Right to left, slightly upward, slightly front to back.
- II. Absence of illicit drug or alcohol, postmortem blood sample.

Cause of Death:

A	Perforating Contact Gunshot Wound Of Head	Int. Secs
B		Int.
C		Int.
D		Int.

Other Significant Conditions:

Pathologist Signature 	Date
Coroner Investigator Signature	Date
Reviewed by 	Date
	8/4/15

Napa County Sheriff-Coroner

Worksheet and Inventory

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SIGNATURE: *[Signature]*Decedent Michael Craig RuppertFile Number 614-209 DATE: 9/4/19Determined by: Autopsy ☒ External File Review

Cause of Death:

(A) PERFORATING CONTACT GUNSHOT GUNSHOT WOUND OF HEAD (SECS)

(B) _____ Int _____

(C) _____ Int _____

(D) _____ Int _____

Other Significant Conditions _____

Pathologist *[Signature]*

Joseph I. Cohen, MD

Date 04-15-14

04/15/2014

Medicolegal Case Inventory and Follow Up		For Certification	For File Completion
Toxicology: <input type="checkbox"/> Rush <input checked="" type="checkbox"/> Blood from <u>PERFORATING</u> <input type="checkbox"/> Bile <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Gastric <input type="checkbox"/> Brain <input type="checkbox"/> Liver <input checked="" type="checkbox"/> Vitreous <input type="checkbox"/> Subdural blood <input type="checkbox"/> Vitreous Electrolytes <input type="checkbox"/> Other			<u>Top please</u>
Histology: <u>0</u> cassettes in <u>0</u> containers; # stock jars <u>0</u>			
Neuropathology: <input type="checkbox"/> Brain <input type="checkbox"/> Spinal Cord <input type="checkbox"/> Eyes <input type="checkbox"/> Other			
Reports: <input type="checkbox"/> Law Enforcement <input checked="" type="checkbox"/> Coroner Report <input type="checkbox"/> Fire <input type="checkbox"/> Other		<u>Need</u>	
Microbiology: <input type="checkbox"/> Blood <input type="checkbox"/> CSF <input type="checkbox"/> Tissue <input type="checkbox"/> Bacterial-Viral-TB-Other			
Consultants: <input type="checkbox"/> Pediatrics <input type="checkbox"/> Anthropology <input type="checkbox"/> Radiology <input type="checkbox"/> Other			
Records: <input type="checkbox"/> Hospital <input type="checkbox"/> ER <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Paramedic <input type="checkbox"/> Other		<u>?</u>	
Scene Investigation (e.g., SUID, Sudden Unexplained Infant Death)			
Misc.: <input checked="" type="checkbox"/> X-Ray <input checked="" type="checkbox"/> Photo <input type="checkbox"/> Blood: Red-Yellow-Gray for _____ <input type="checkbox"/> Other <u>MTXs</u>			
Forensic Biology: <input type="checkbox"/> Rape Kit <input type="checkbox"/> Swabs: Oral-Anal-Vaginal <input type="checkbox"/> Nails <input type="checkbox"/> Hair: Scalp-Pubic <input type="checkbox"/> Blood (Purple)			
<input type="checkbox"/> Other			
Evidence: <input type="checkbox"/> Clothing <input type="checkbox"/> Ballistics <input type="checkbox"/> Trace <input type="checkbox"/> Other			

_____ Computer Updated _____ DC Worksheet Completed _____ Follow up complete

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CENTRAL VALLEY
TOXICOLOGY, INC.SIGNATURE: DATE: 9/4/19**Case Name:**

Ruppert,

TOXICOLOGY NUMBER: CVT-14-5413

Michael

5.5 ml peripheral blood (gray top vial) labeled "Ruppert, Michael; C14-209; Dr

Specimen Description:

Cohen; 4/15/14"

Delivered by Tricor**Date** 18-Apr-14**Received by** Bill Posey**Date** 18-Apr-14**Request:** Complete Drug Screen**Agency Case #** C14-209**Requesting Agency**Napa County Coroner
1535 Airport Blvd.
Napa CA 94558**Report To**Napa County Coroner
1535 Airport Blvd.
Napa CA 94558

Specimen: Peripheral Blood Sample

RESULTS

Complete Drug Screen: Diphenhydramine detected.

No other common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

Diphenhydramine = 0.09 mg/L

Blood Diphenhydramine Ranges

Effective Level: (0.1 - 1.0 mg/L)

Potentially Toxic: (1 - 5 mg/L)



B. L. Posey

April 24, 2014

B.L. POSEY
S.N. KIMBLE
*Directors*1580 Tollhouse Road
Clovis, California 93611
Phone (559) 323-9940
Fax (559) 323-7502

DO NOT DUPLICATE
SIGNATURE: 

DATE:

12:10 PM

Name Michael Craig Ruppert

Assistant *A. Jones*

Date 04/15/2014

WOWN
Q/ches
1/8" Fingers
1/2" ineg
me
Fes
Blood on
Rt face/nose
chin
(m)
Date 04/15/2014
1/2" ineg c morphine team
3" BTBH
1/2" ABOVE top ear
temporal
Brain matter extruded from An
Gray P/V Bulding
palpable skull base c
Srs Deformity (incl. maxillary Res)
1" ineg/skullate dmt
2" BTBH 1/2" above
top of head
Bluish CPOT
Blood mea
neckline c
pendent
MPT good
QB/bud
QB/c
5P
ne of
Ar-Ap
R → L
sit up
sit # → B
CONTACT/CLOSE
NAME
PREF SUNBATH
WOUND OF HEAD
C
gray 5/5 shirt
over
brown t shirt
denim pants &
belt
HAWES
underpants
Thoes/Socks
FEATHER
IN HAIR
2 1/2
Lip
me
C/nt
R mod
L 1/2 P B
Cool
Palena